



Tennessee COVID-19 Long Term Care Task Force
December 15, 2020
10:00 AM CST

Agenda

Time	Activity	Facilitator
10:00 -10:05 a.m.	Welcome & Introductions	Brent Culberson, Assistant Commissioner, Licensure & Regulation Sally Pitt, Director, Office of Patient Care Advocacy
10:05 -10:30 a.m.	COVID-19 Data and Vaccines	Mary- Margaret Fill, Deputy State Epidemiologist
10:30 -10:40 a.m.	Enhancing Communication with Residents, Families, and Frontline Staff Workgroup	Lead: Dr. Kristi Wick
10:40 -10:50 a.m.	Staffing Subcommittee	Co-chairs: Dr. Kristi Wick and Dr. Steve Flatt
10:50 - 11:00 a.m.	Transitions of Care Subcommittee	Co-chairs: Rhonda Dickman and Dr. Greg Phelps
11:00- 11:10 a.m.	Mental Health Subcommittee	Co-chairs: Janice Wade-Whitehead and Heather Gundersen
11:10-11:25 a.m.	Visitation Subcommittee	Co-Chairs: Rebecca Kelly and Amy French
11:25-11:30 a.m.	Next Steps and Closing Remarks	Brent Culberson, Assistant Commissioner, Licensure & Regulation

Charge for the COVID-19 LTC Task Force

Purpose

Engage state, local and community stakeholders and state government to establish a formal structure for collaboration in the conceptualization and implementation of policies and strategies to minimize the spread and impact of COVID-19 in long term care facilities and health care systems.

Objectives

- 1) Monitor the safety and effectiveness of the expanded visitation and activity guidelines and refine them, as necessary.
- 2) Identify emerging issues to create visibility and focus on key priorities across the long-term care system.



Data and Vaccines



COVID-19 Data Update

from the Tennessee Department of Health

TN

Mary-Margaret A. Fill, MD
Deputy State Epidemiologist
Tennessee Department of Health
December 15, 2020

OPENING UP AMERICA AGAIN



Proposed State or Regional Gating Criteria

(Satisfy Before Proceeding to Phased Opening)

SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

Syndromic Surveillance

- Emergency department data
 - Chief complaints
 - Discharge diagnoses
- Deidentified
- Received within 24h of patient encounter
- Reported from 99 hospitals across TN
- Syndromes
 - Influenza-like illnesses (ILI) is defined by terms, free text, or discharge diagnoses that are likely to be related to illness caused by seasonal influenza. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than influenza infection. These results should be considered preliminary in nature and are not all confirmed diagnoses of disease.
 - COVID-like illnesses (CLI): is defined as symptom terms, free text, or discharge diagnoses specified by CDC that are likely to be related to illness caused by the 2019 novel Coronavirus. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than novel coronavirus infection. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than novel corona virus infection. These results should be considered preliminary in nature and are not all confirmed diagnoses of disease.

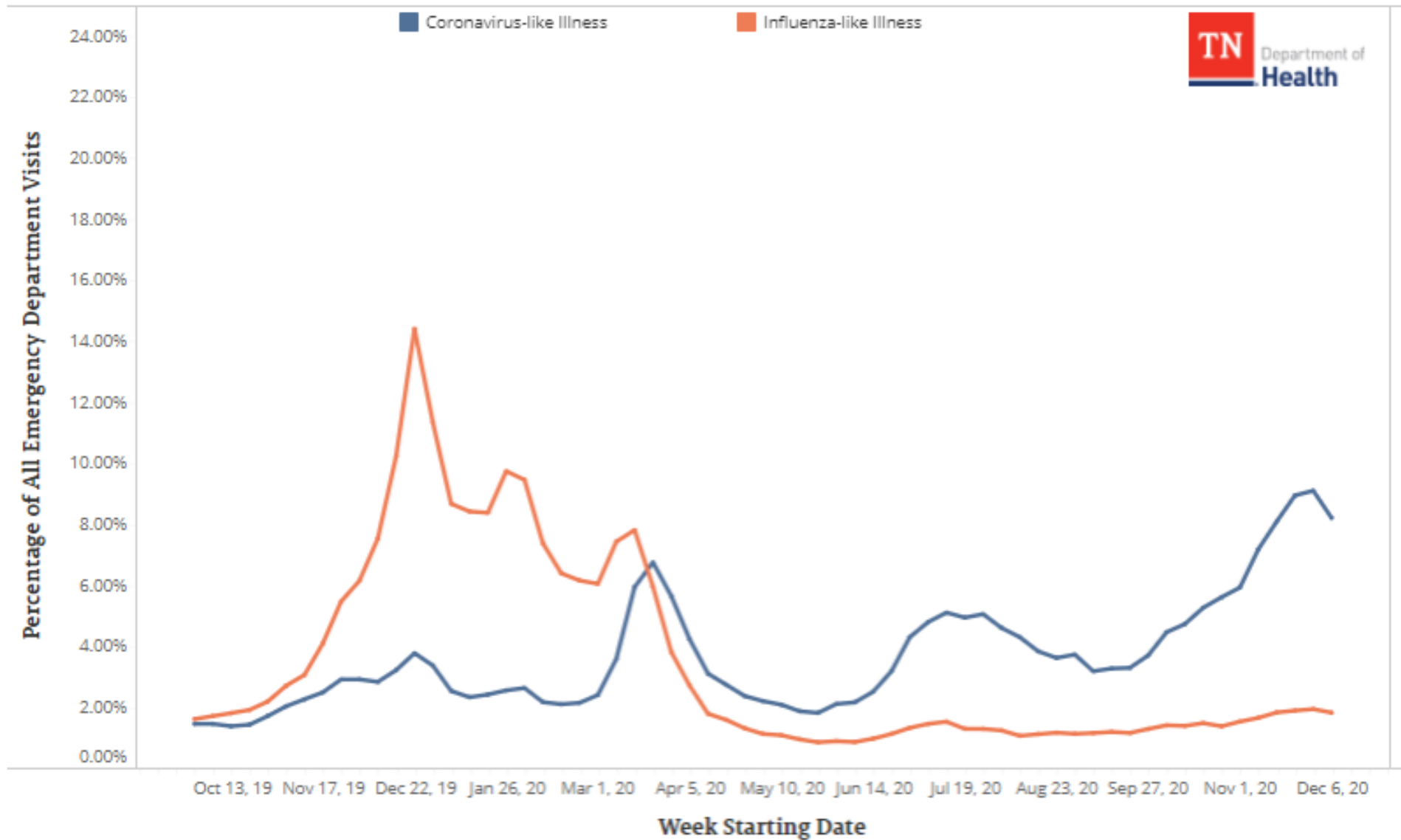
SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

Syndromic Surveillance



<https://www.tn.gov/health/cedep/ncov/data/syndromic-surveillance.html>

Case Counts (Weekly)

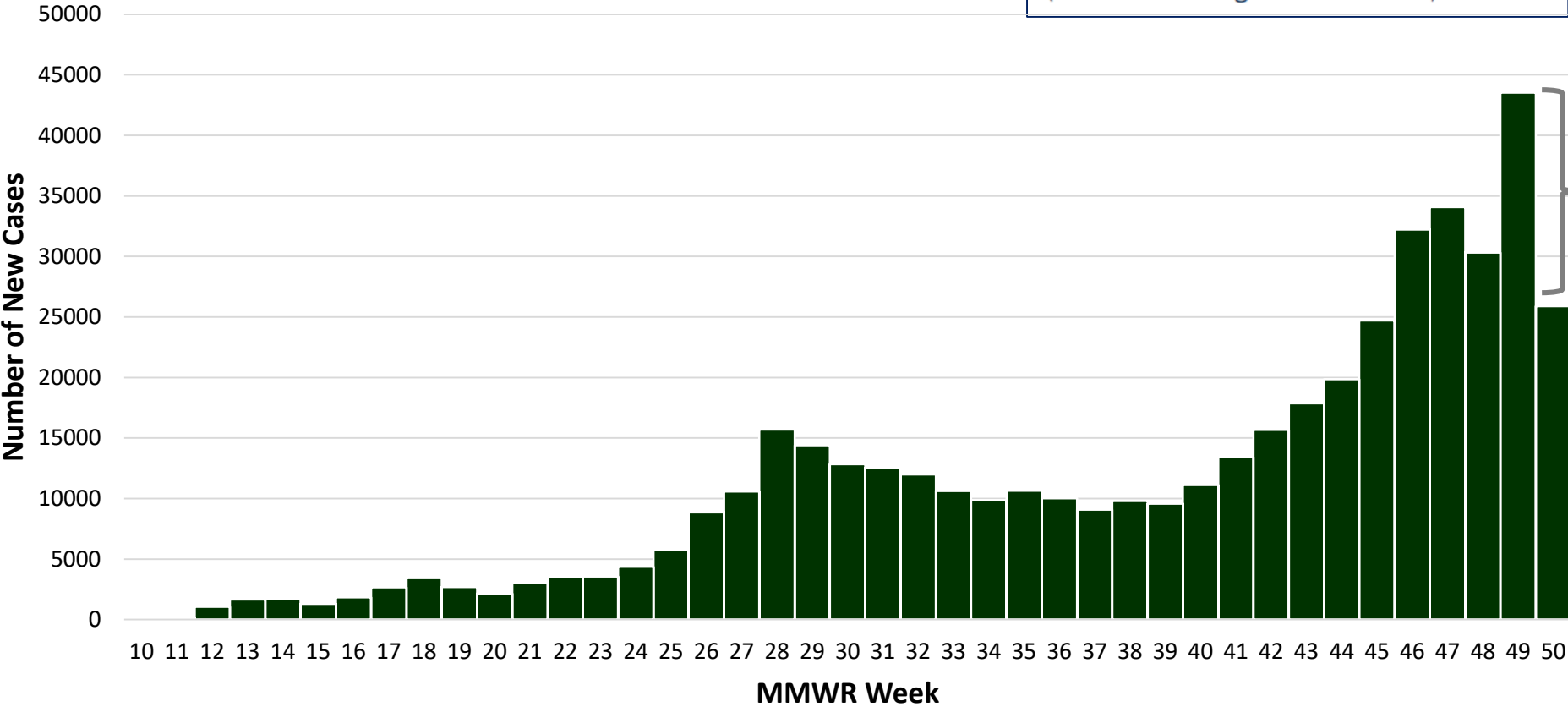
By Specimen Collection Date

CASES

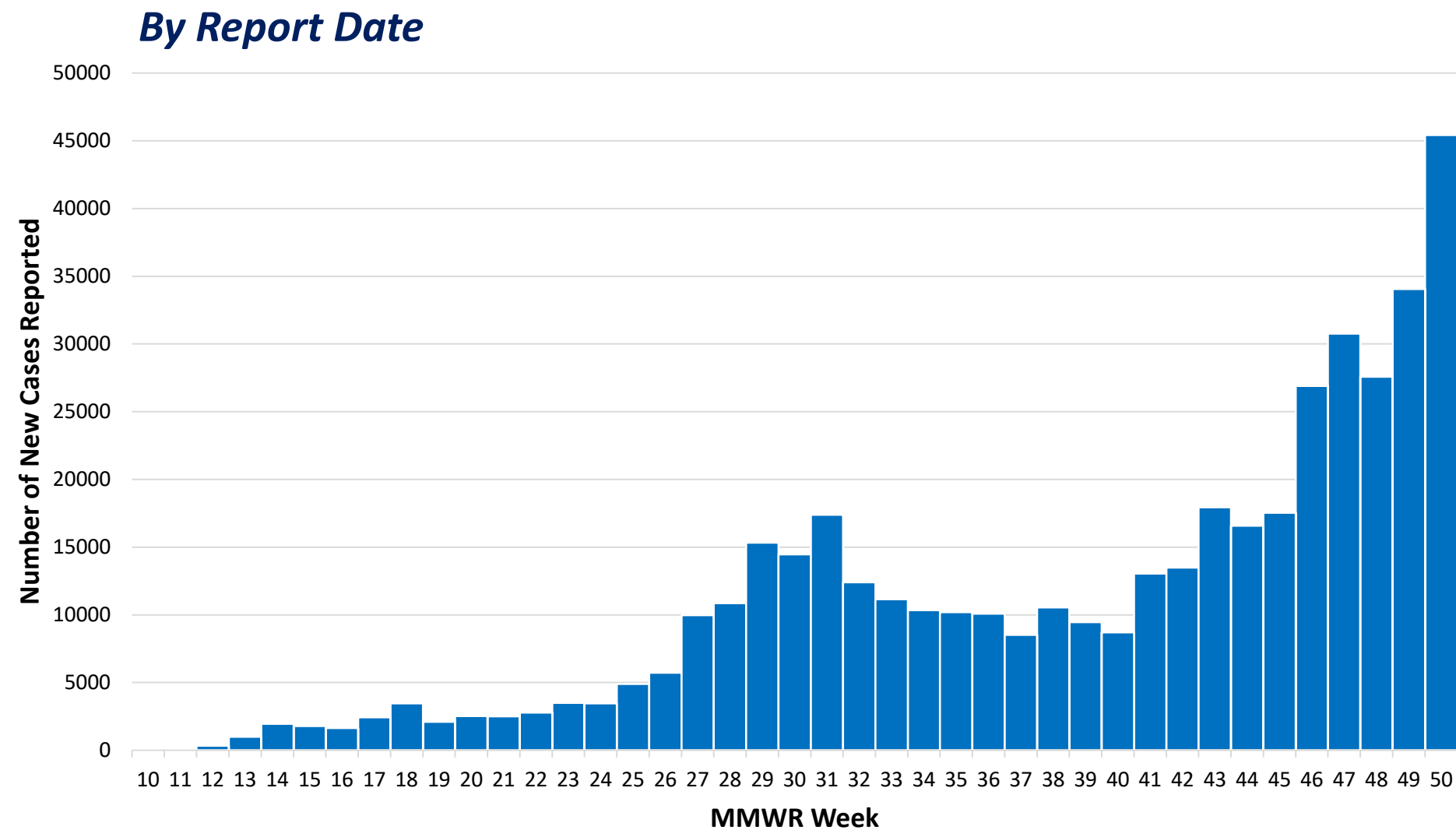
Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)



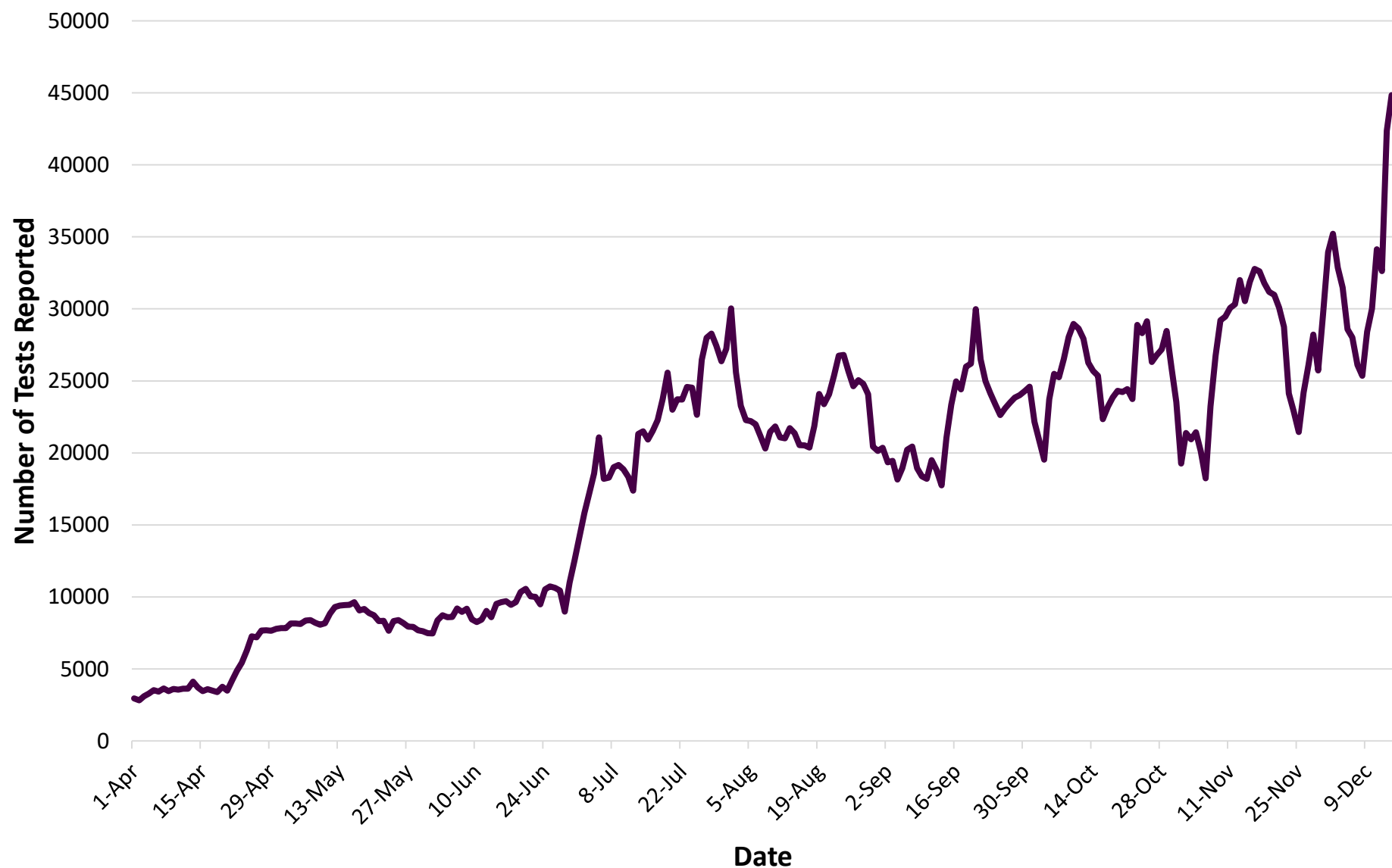
Case Counts (Weekly)



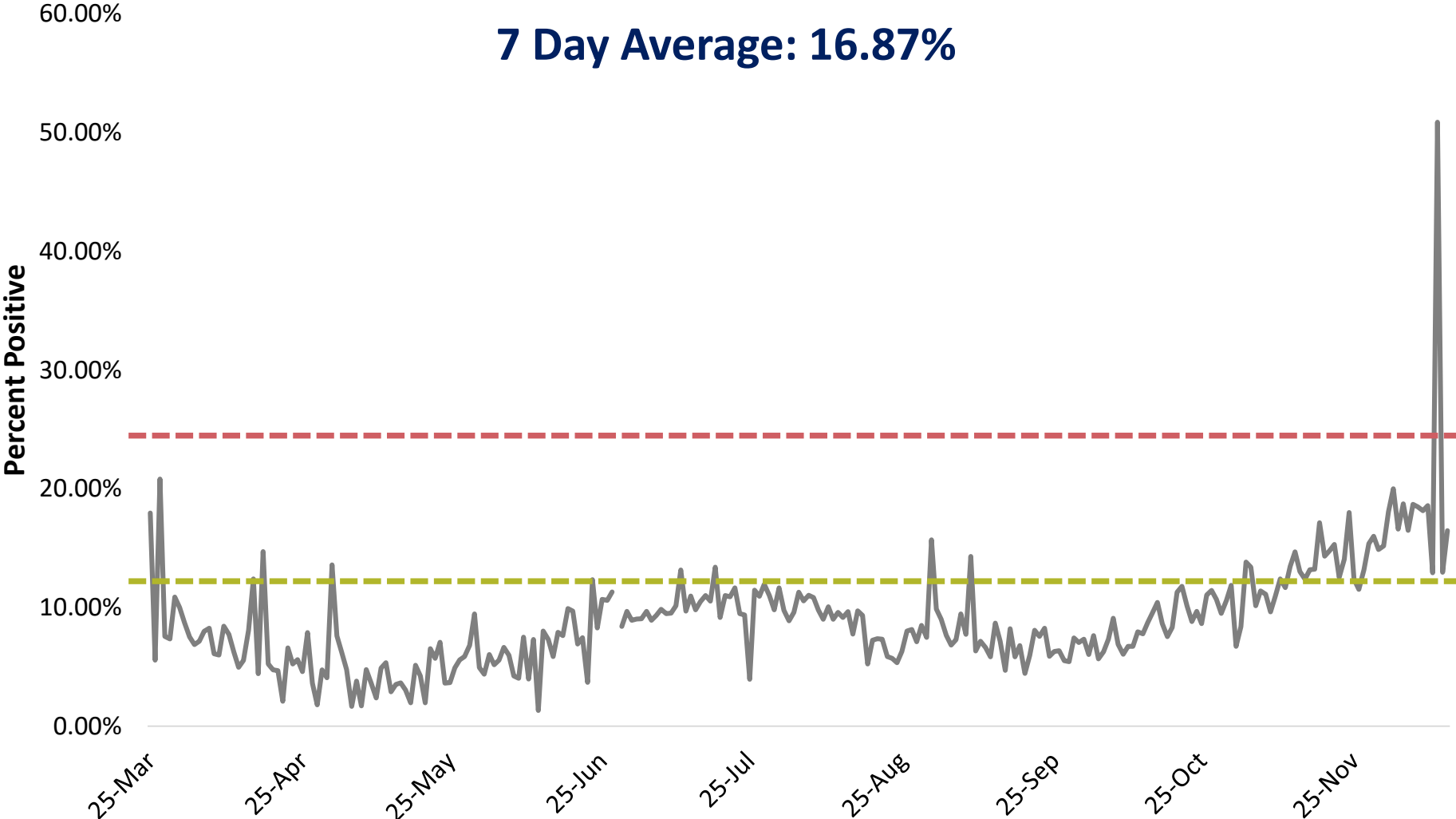
MMWR Week runs Sun-Sat



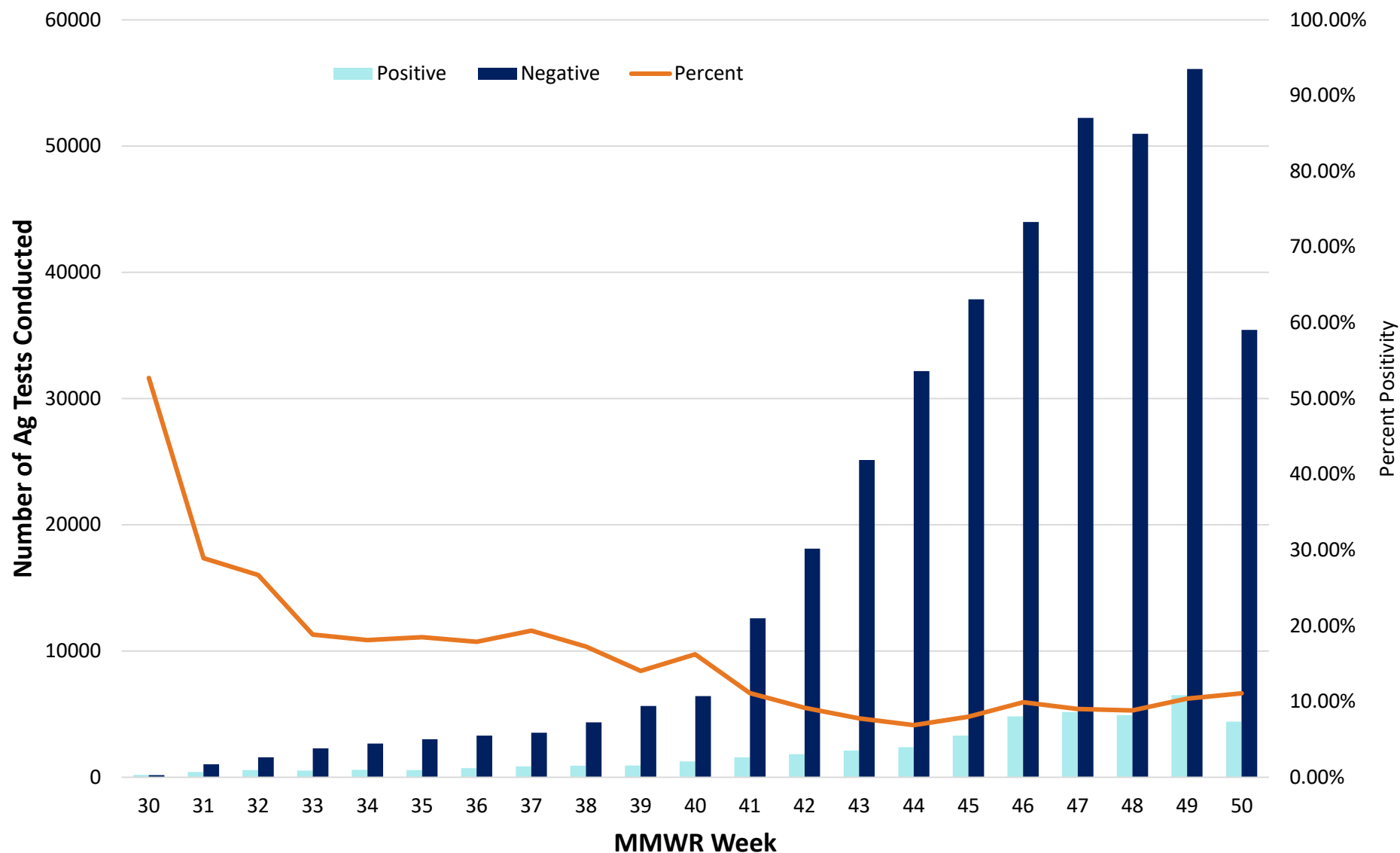
7d Average of New PCR Tests (n=5,012,404)



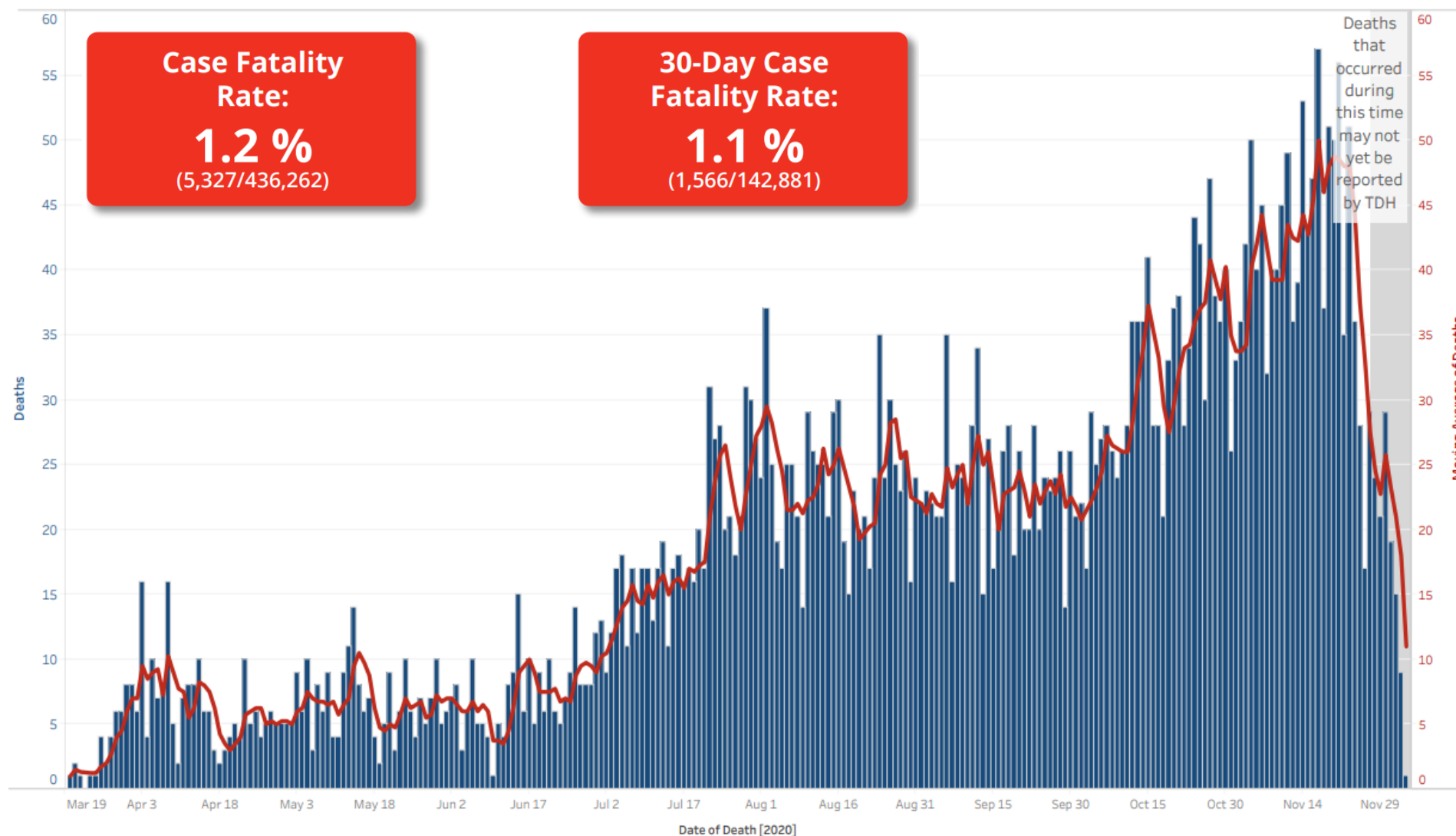
PCR Test Percent Positivity



Antigen Testing Data (n=442,939)



Deaths (n=5,541)



Healthcare Resources

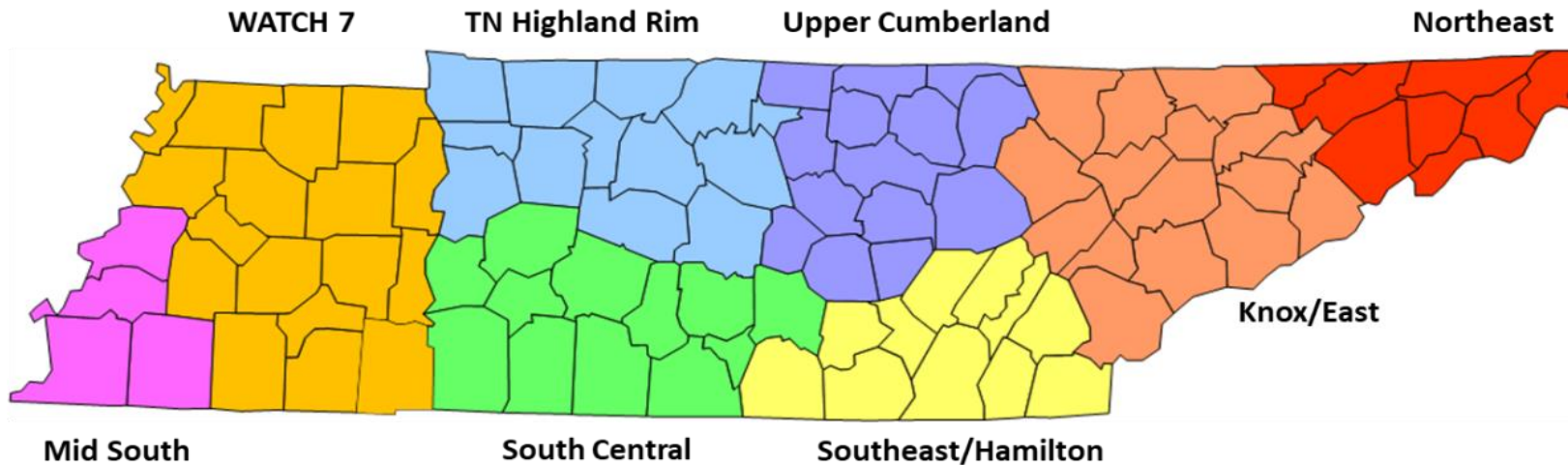
- Healthcare Resource Tracking System
 - Established in 2006
- Acute care hospitals report daily:
 - Number of beds (floor / ICU / AIIR)
 - Number of ventilators
 - Amount of PPE
 - Number of COVID-19 patients (floor, ICU, ventilated, pending)

HOSPITALS

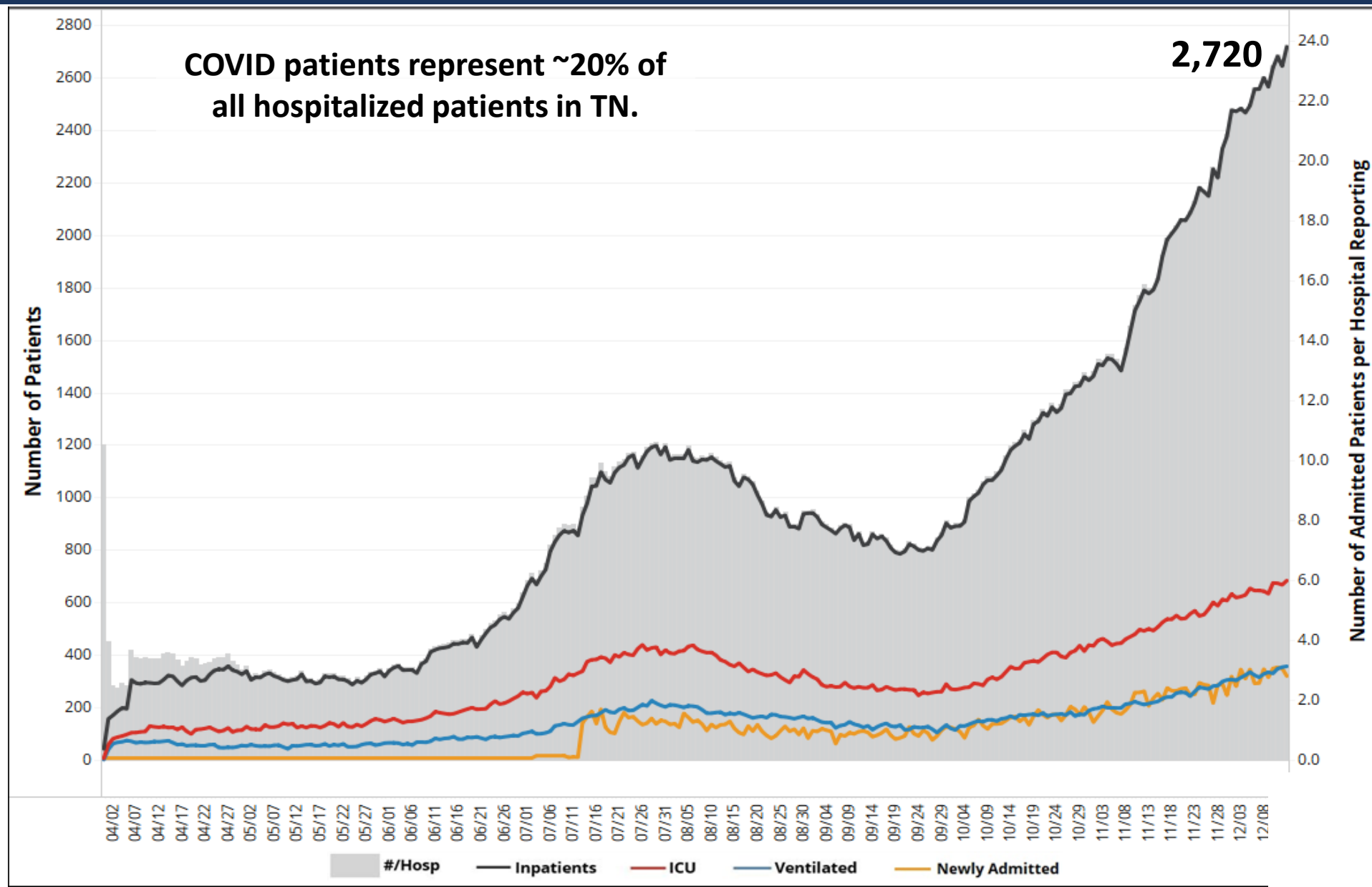
Treat all patients without crisis care

AND

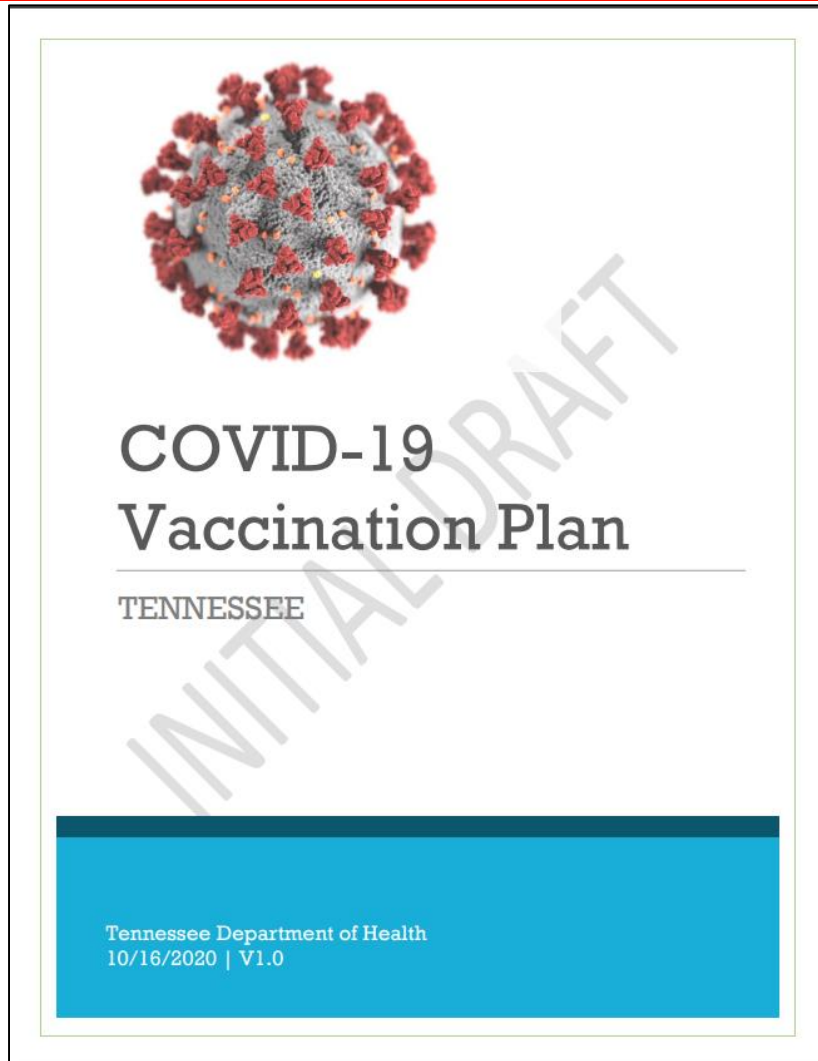
Robust testing program in place for at-risk healthcare workers, including emerging antibody testing



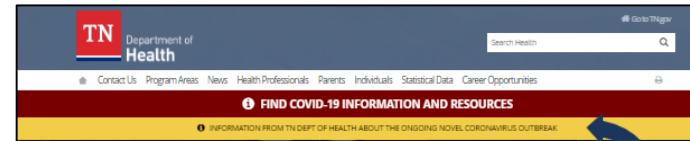
Current COVID Hospitalizations



Tennessee COVID-19 Vaccination Plan



www.tn.gov/health



Click here



Click here

Pandemic Vaccine Stakeholder Group

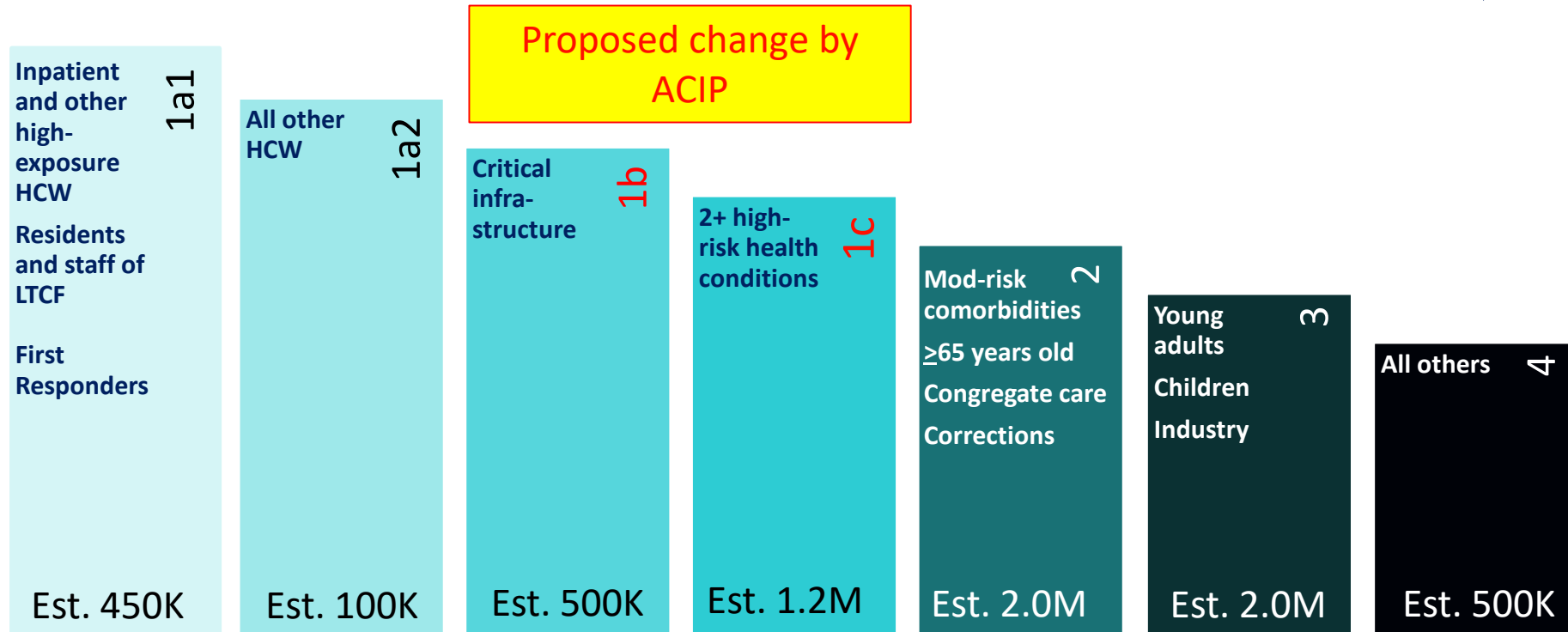
- TDH Vaccine-Preventable Diseases and Immunization Program
- TDH Emergency Preparedness Program
- TDH Community Health Services
- TDH COVID-19 EP Response
- TDH Office of Disparities Elimination
- TDH Office of Communications and Media Relations
- Metro Health Departments (4 of 6)
- TN Pharmacist Association
- TN Chapter of the American Academy of Pediatrics
- TN Hospital Association
- TN Primary Care Association
- TN Department of Corrections
- TN Sheriffs' Association
- Vanderbilt Center for Biomedical Ethics and Society
- TN Grocers & Convenience Store Association
- TN Higher Education Commission
- TN Commission on Aging and Disabilities
- TN Home Care Association
- TennCare
- TEMA
- TN Department of Education, Office of Coordinated School Health
- TN Medical Association
- Tennessee Legislators
- Tennessee Office of Refugees
- Tennessee Health Care Coalitions
- TN Department of Intellectual and Developmental Disabilities
- Tennessee Academy of Family Physicians
- ImmunizeTN
- TN AARP
- TN Department of Mental Health and Substance Abuse Services
- TN Retail Association



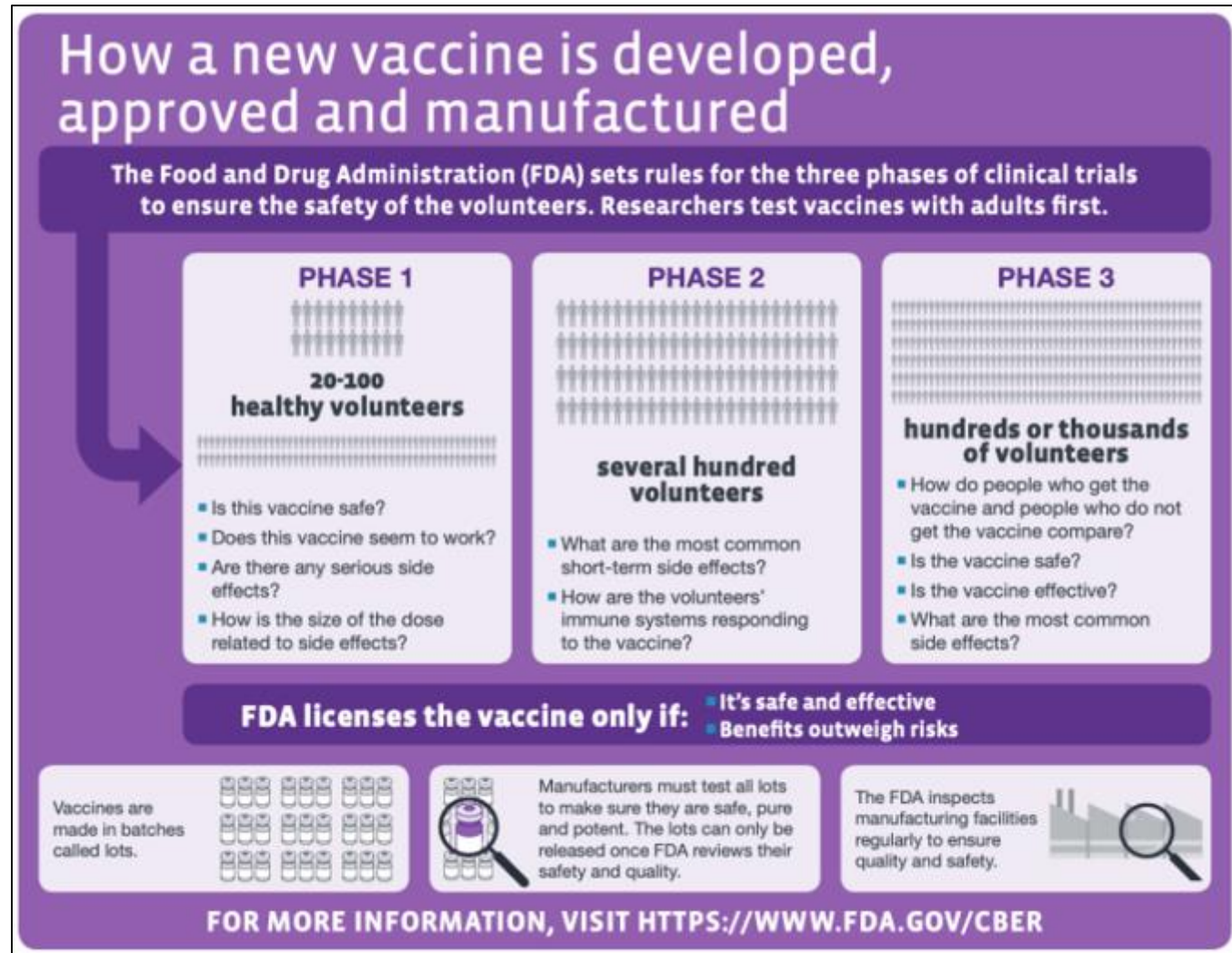
Vaccine Allocation Phases

Equity is a crosscutting consideration:

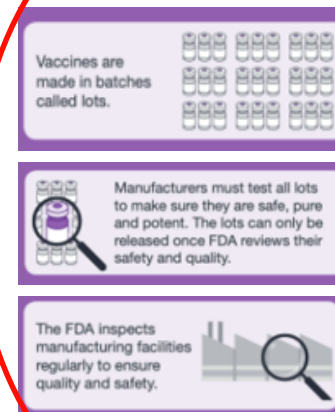
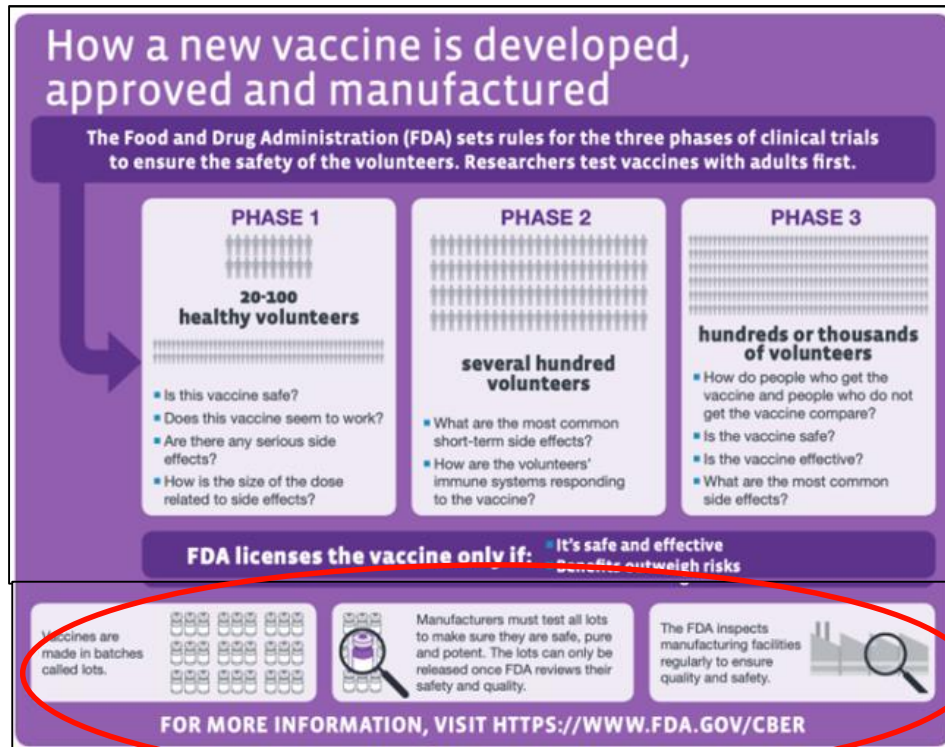
In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.



Vaccine Safety



Vaccine Safety



Phase 1-3 Clinical Trials & Manufacturing

FDA Emergency Use Authorization (EUA)
ACIP Recommendations

Continuous Monitoring Surveillance

Vaccine Safety

- **V-SAFE Application**
 - Text messaging and web surveys to those receiving vaccine to monitor health after vaccination
- **Vaccine Adverse Event Reporting System (VAERS)**
 - Passive reporting from people who believe they had an adverse event
- **Vaccine Safety Datalink (VSD)**
 - Ongoing monitoring and proactive searches of electronic health records from partnering hospitals
- **Clinical Immunization Safety Assessment (CISA) Project**
 - Conducts research to identify risk factors for adverse events following vaccines, provides clinical consultation, serves as safety resource
- **National Healthcare Safety Network (NHSN)**
 - Acute and long-term care facility monitoring system with reporting to VAERS

Vaccines in Progress

- **Pfizer/BioNTech (mRNA)**
 - 21 days between doses
 - Ultra-cold storage, -70°C
- **Moderna (mRNA)**
 - 28 days between doses
 - Frozen storage, -20°C
- **Astra Zeneca/University of Oxford (replication defective vector)**
 - 28 days between doses
 - Chimpanzee adenovirus vector causes production of spike protein
 - Refrigerated
- **Jansen/Johnson & Johnson (replication defective vector)**
 - Single dose (but now has a 2-dose, 57-day study, as well)
 - Adenovirus vector
 - Frozen storage, -20°C
- **Novavax (adjuvanted protein subunit vaccine)**
 - 21 days between doses
 - Insect baculovirus infects moth cells
 - Refrigerated
- **Sanofi and GlaxoSmithKline (adjuvanted protein subunit vaccine)**
 - Insect baculovirus
 - Similar to FluBlok vaccine

“OPERATION WARP SPEED”

EFFORT TO MAKE
**300 MILLION
VACCINE DOSES**
BY THE END OF
THE YEAR





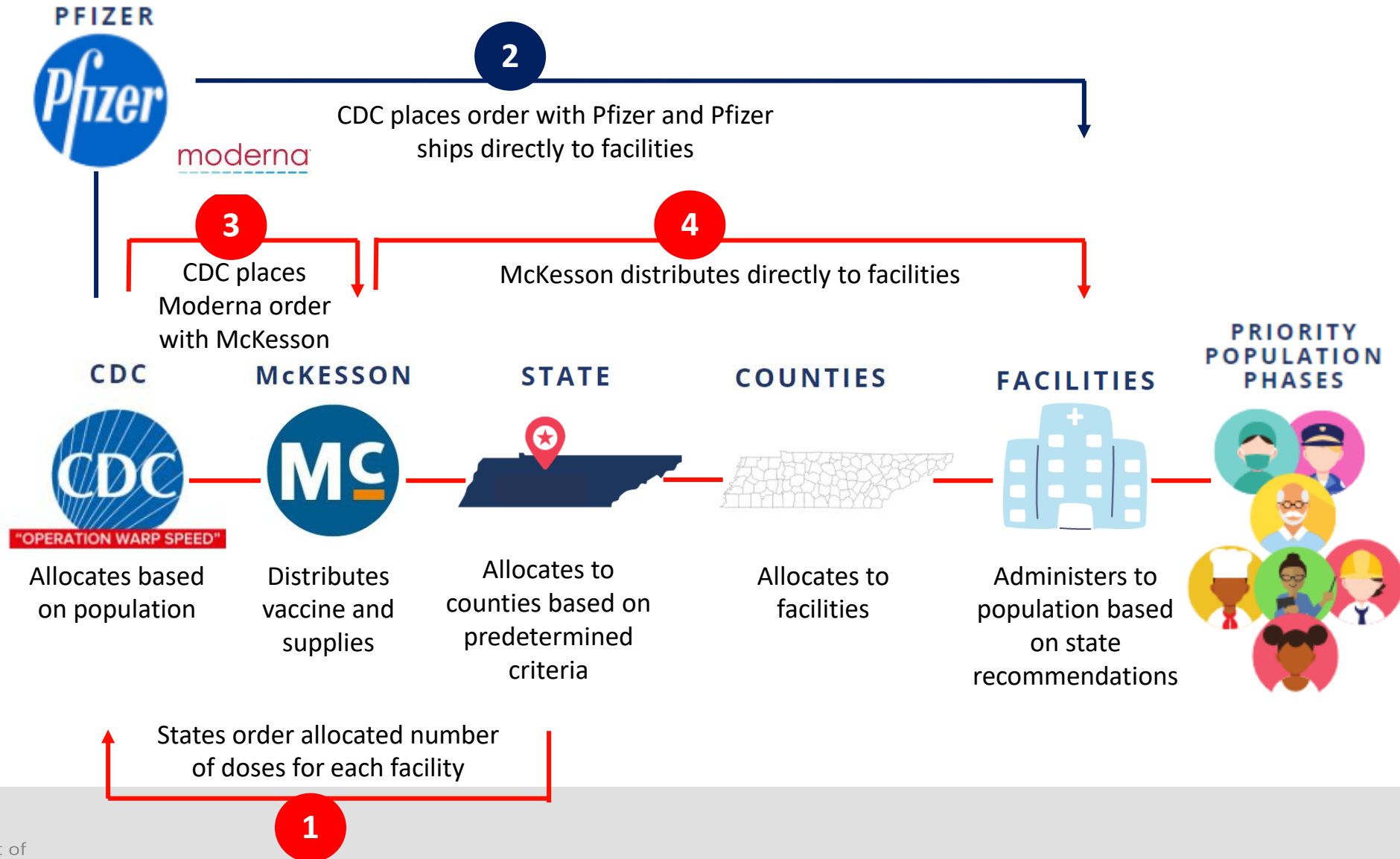
Pfizer/BioNTech (mRNA vaccine)

- 95% effective in preventing COVID-19 7d after dose 2
- Tested in >40,000
- No sig adverse events
- Anticipating 56,550 doses ~December 15-17 (*subject to change*)
 - 58 boxes of 975 doses
 - Shipped directly from Pfizer to vaccinating facilities
- Ultra-cold storage, -70°C
 - Maintained in shipper up to 14d with dry ice recharge x 3
- Ancillary kits include needles, syringes, PPE, saline diluent, alcohol swabs, patient cards (no gloves)
- 21 days between doses
- Allocated to 28 hospitals with >1,400 Phase 1a population
 - Manually allocated to minimize wastage
- Use: vaccinate hospital workers

Moderna (mRNA vaccine)

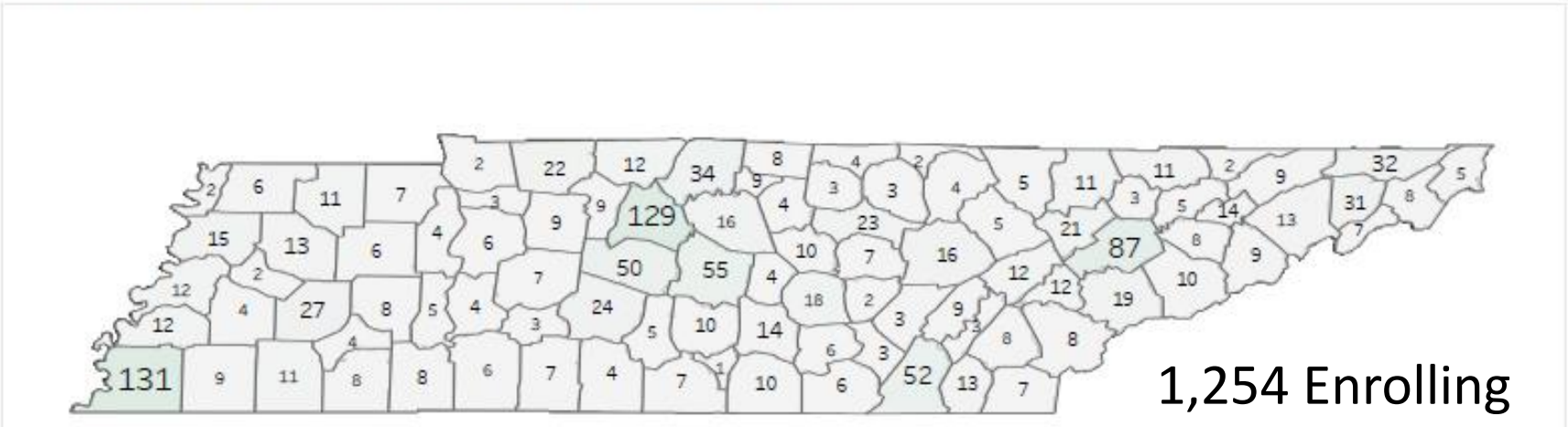
- 94.5% effective in preventing COVID-19 7d after dose 2
- Tested in >30,000
- Anticipating 115,200 doses ~December 22 (*subject to change*)
 - 1,152 boxes of 100 doses
 - Shipped from McKesson warehouse
- Frozen storage, -20°C
- Ancillary kits include needles, syringes, PPE, alcohol swabs, patient cards (no gloves)
- 28 days between doses
- Allocated to approved facilities based on formula:
 - 5% retained by the State for microplanning
 - 32,000 to federal LTCF partnership
 - 100 doses allocated to each county health department location
 - Remaining allocated across 95 counties based upon county population and distributed across approved facilities
- Use: Vaccinate first responders, LTCF staff and others through health depts, PODs, strike teams, and pharmacies

Vaccine Allocation and Distribution

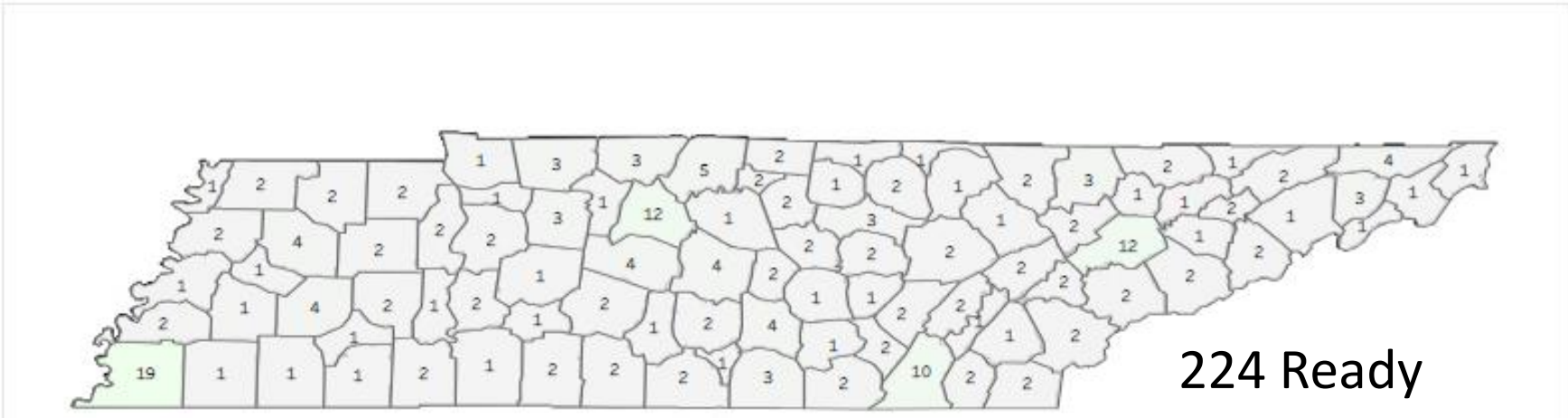


Provider Onboarding

Distribution of enrolling COVID-19 Vaccinating Providers by County (n=1,254)



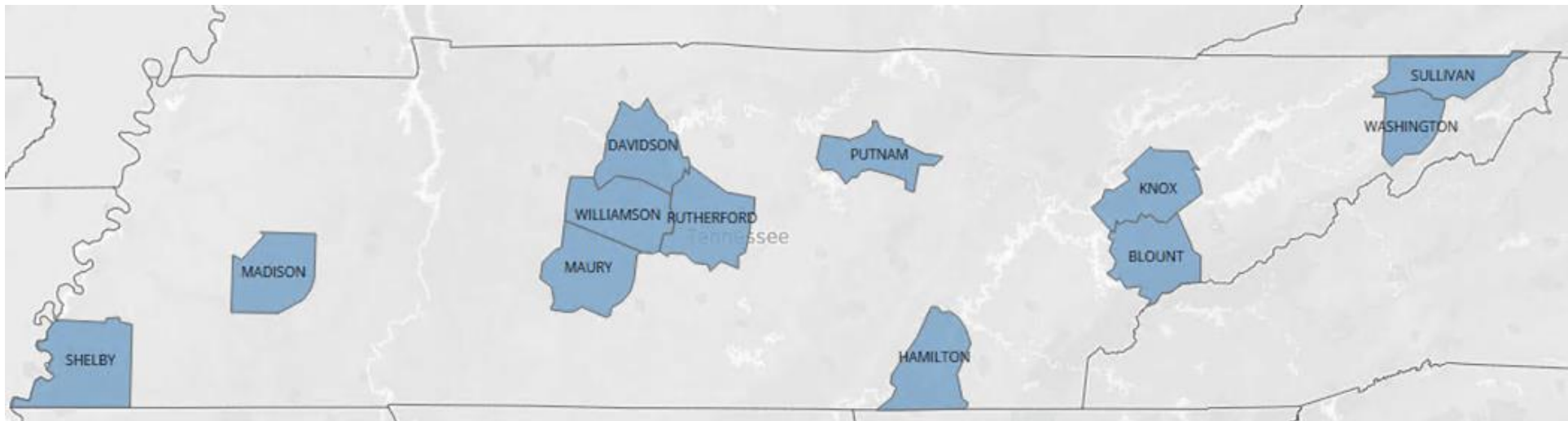
COVID-19 Vaccinating Providers ready to receive COVID-19 vaccine (n=224)



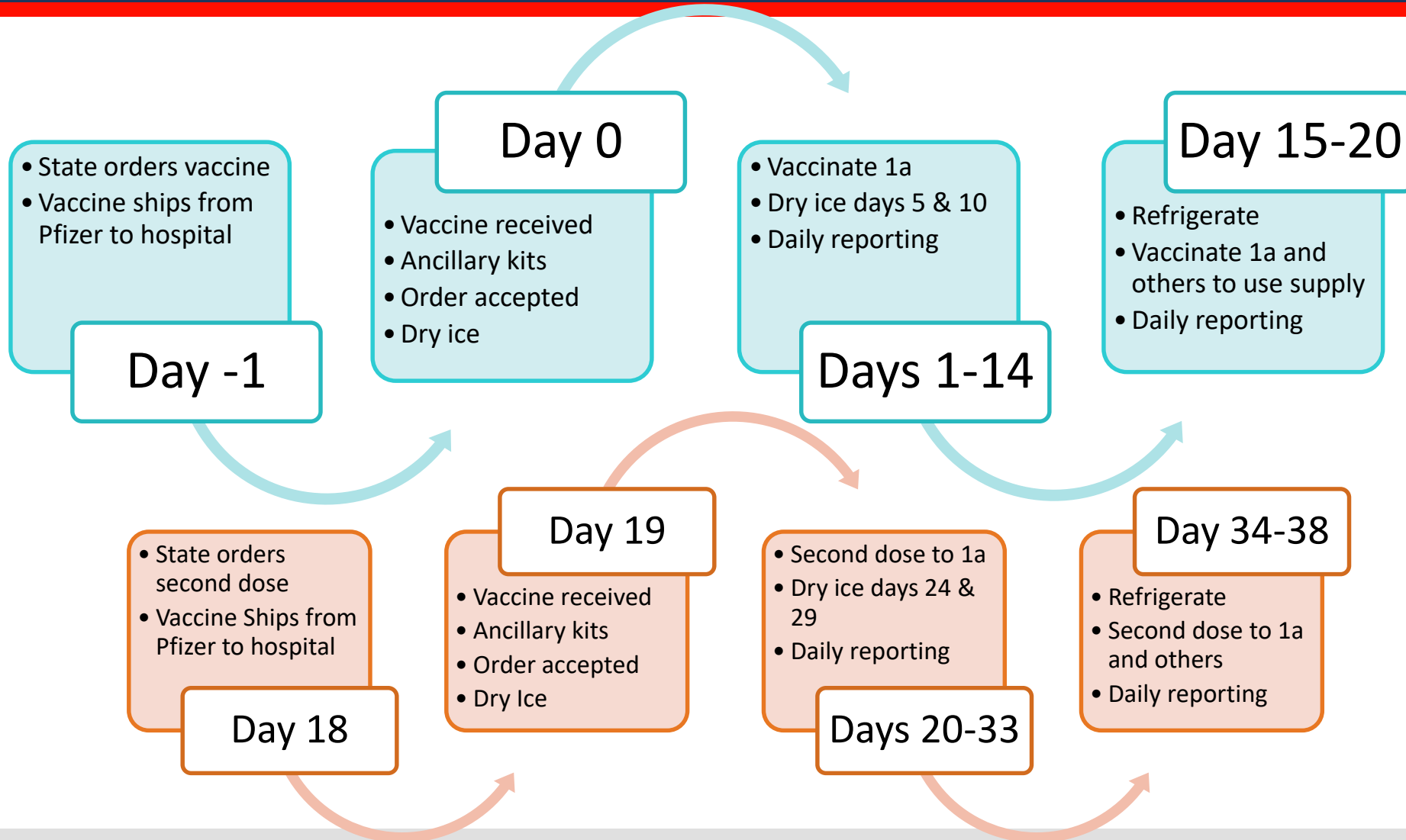
ETA Dec 15-17

Pfizer: 56,550 doses

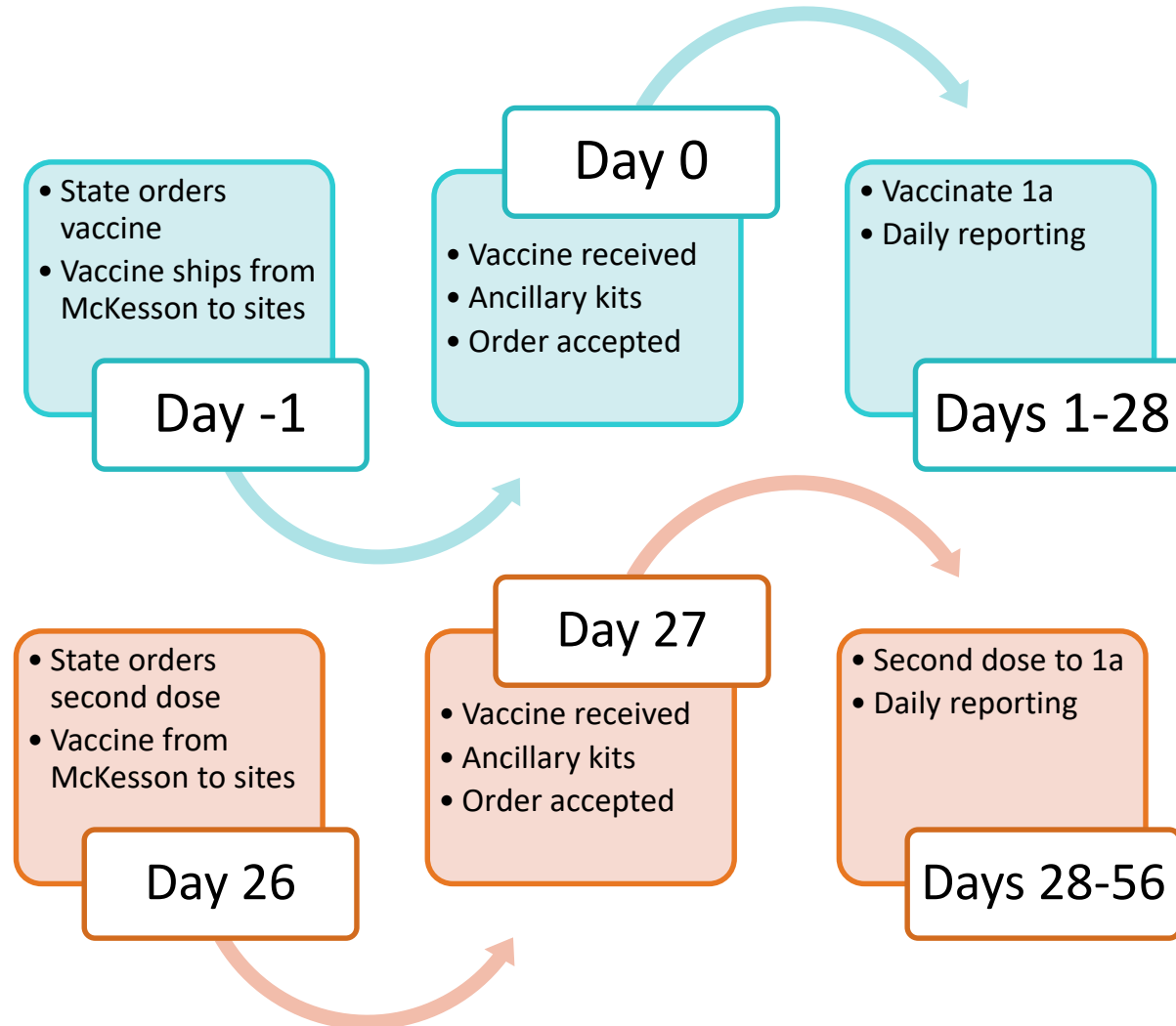
- 58 boxes of 975 doses
- 28 hospitals covering 74 hospitals
- 12 counties
- 1 box at SPHL



Pfizer Vaccine

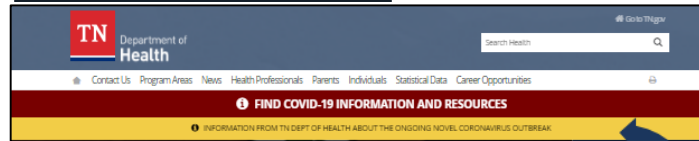


Moderna Vaccine



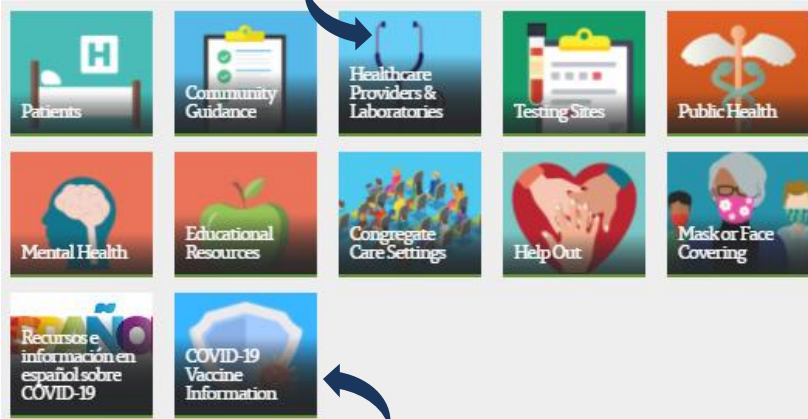
Resources

www.tn.gov/health



Click here

Click here



Click here

COVID-19 Vaccine Partners

- [Register to Become a COVID-19 Pandemic Vaccinating Provider](#)
- [CDC COVID-19 Vaccination Program Provider Agreement](#) (10/30)
- [Vaccine Program Provider Agreement FAQs](#) (10/30)
- [Vaccine Storage and Handling Guidance](#)
- [Reporting COVID-19 Vaccine Administration data to TennIS](#)
- [Provider Resources for COVID-19 Vaccine Conversations with Patients](#)
- [Mass Vaccination Clinics: Challenges and Best Practices](#)

COVID-19 Vaccination Record Cards

Vaccine Information

[Frequently Asked Questions](#) (12/2)

[CDC COVID-19 Vaccine Information](#)

Tennessee COVID-19 Vaccine Allocation and Distribution Plan

[Tennessee COVID-19 Vaccination Plan](#) (12/2)

[Framework for Equitable Allocation of COVID-19 Vaccine](#)

Questions?

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TN

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Work: (615) 532-6752



**Enhancing Communication with
Residents, Families, and Frontline
Staff Workgroup**

Workgroup Members

Name	Organization	Title	Contact
Sally Pitt	Health	Director, Patient Advocacy	sally.pitt@tn.gov
Julie Clark	Alliant Quality	Senior Quality Advisor	julie.clark@alliantquality.org
Amy French	Caregiver; Alzheimer's Association	Senior Director of Programs and Education	afrench@alz.org
Claudia Barajas	Community Advocate	AARP Tennessee Executive Council & TN Latin American Chamber of Commerce	claudia.p.barajas@vumc.org
Gwyn Earl	LeadingAge of TN	Executive Director	gwyn@leadingagetn.org
Kimberly Lamar	Health	Assistant Commissioner, Office of Health Disparities Elimination	Kimberly.lamar@tn.gov
Rebecca Kelly	AARP Tennessee	State Director	rbkelley@aarp.org
Kristi Wick	UTC School of Nursing	Vicky B. Gregg Chair of Gerontology, Asst. Professor	kristina-wick@utc.edu

Enhancing Communication: Objectives

1. Establish a system for a top - down approach for dissemination of current literature to LTC Site
2. Establish how information will be collected, vetted, and disseminated
3. Establish a “visitation toolkit” for use by LTC facilities to inform visitors and staff of up-to-date guidelines

Purposed Initiatives

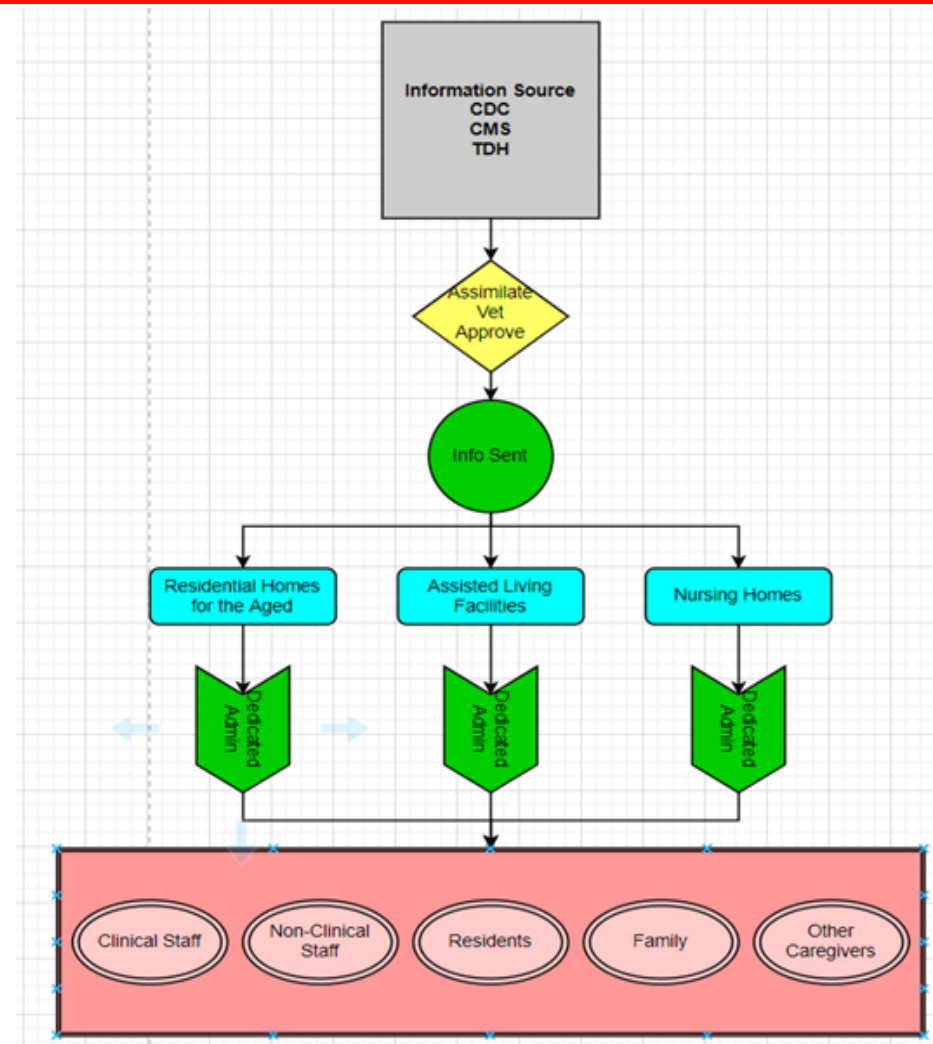
Education/Information:

1. For administration, clinical staff, ancillary staff, residents, families & caregivers across all LTC Facilities
2. Real-time information, updated daily/weekly/prn
3. Evaluate initiative for development of, or contribution to, guidelines/evidence-based practice, and to set precedent for future initiatives
4. Priority Topics/Content: Vaccines, Visitation, COVID-19
5. Strongly encourage use, how?
6. Videos, Newsletter, Emails, TV, Radio, Resident Council, Stakeholders/Associations
Mailing Lists
7. Develop Root Cause Analysis/PDSA

Current CMS Staff Education Modules:

CMS strongly encourages your facility to start and complete the Scenario Based Targeted COVID-19 Training for Frontline Nursing Home Staff and Management.
[Instructions to Access Training](#)

Purposed Initiatives: LTC Communication Tree Draft





Staffing Subcommittee

Subcommittee Members

First Name	Last Name	Organization	Title
Steve	Flatt	NHC	CEO
Kristi	Wick	UTC School of Nursing	Vicky B. Gregg Chair of Gerontology, Asst Professor
Patti	Killingsworth	TennCare	Assistant Commissioner, Chief Long Term Services and Support
Anne-Gene	O'Neal	Brookdale Senior Living	Division President- Health Care Services
Tina	Gerardi	Tennessee Nurses Association	Executive Director
Paul	Martin	Allen Morgan Health and Rehab Center	Nursing Home Administrator
Brent	Culberson	Health	Assistant Commissioner, Licensure & Regulation, Chair

Staffing Subcommittee: Objectives

Purpose

The purpose of this subcommittee is to create strategies for long term care settings to maintain an engaged, qualified, caring staff during, and after, the COVID crisis.

Objectives:

1. Increase number of trained (and willing) LTC workforce candidates.
2. Increase retention rates of LTC CNA's and other licensed nursing staff.
3. Increase the competency of frontline CNAs to deliver high quality, person-centered care.

Purposed Initiatives

Possible Interventions

Priority Focus: Increase the number of CNA's in the LTC workforce by increasing recruitment, retention rates, and elevating competency

1. Example: NHC Hero pay; Retention = Bonus Pay
2. Industry-recommended wage increase for CNA's; discussion regarding linkage to higher level training/competency
3. Identify funding source: Industry-recommended TN SNF Assessment or stimulus/federal funding
4. Advocate for CNA certification reform, such as moving from state to national certification or development of a compact state licensure option similar to the [RN Compact State Licensure program](#).
5. Expand "career ladder" opportunities to allow for progression from current to higher level of licensure
6. Promote post-secondary certificate programs, potentially tied to wage increases to support retention and career path

Next Steps: Identify actionable steps at state level

1. Review modeling to validate projected cost of wage increase for CNA's statewide
2. Identify funding source: Industry-recommended TN SNF Assessment or stimulus/federal funding
3. Collaborate with committee on Enhancing Effective Communication to facilitate dissemination of information and to support continuing education for LTC staff



Transitions of Care

Subcommittee Members

- Chris Clarke, RN BSN, Senior Vice President, Clinical Services, Tennessee Hospital Association, E: cclarke@tha.com
- Rhonda Dickman, Clinical Quality Improvement Specialist, Tennessee Hospital Association, E: rdickman@tha.com
- Dr. Greg Phelps, Chief Medical Officer. Alleo Health Systems, Email: Greg_Phelps@hospiceofchattanooga.org
- Quiteka Moten, State Long-Term Care Ombudsman, Tennessee Commission on Aging and Disability, Email: quiteka.moten@tn.gov
- Dr. Bruce Davis, Deputy Commissioner of Clinical Services, Tennessee Department of Intellectual and Developmental Disabilities, Email: Bruce.davis@tn.gov
- Maegan Carr Martin, JD, Executive Director, Tennessee Association for Home Care, Email: maegan@tnhomecare.org
- Sally Pitt, Director, Office of Patient Care Advocacy, Tennessee Department of Health, Email: Sally.Pitt@tn.gov

Transitions of Care Subcommittee: Objectives

1. To encourage enhanced collaboration between hospital systems and long-term care facilities to ensure the right services are provided in the most appropriate setting to meet the changes in needs/preferences of long-term care residents;
2. Gather information on the impact and challenges of the COVID-19 pandemic on Tennessee's health care systems to better understand the challenges faced by long-term care facilities, hospitals, providers, residents and families during the outbreak; and
3. To identify policies and practices that can be implemented in real-time to address these challenges in Tennessee's health care system.

Florida Atlantic University: The Decision Guide, *Go to the Hospital or Stay Here?*

GO TO THE HOSPITAL OR STAY HERE?

CHANGE IN CONDITION

The question of sending you to the hospital may come up if your health changes. If you have a change in condition, your care provider will explain what decisions need to be made to provide you with the best treatment.

WHY THINK ABOUT THIS NOW?

It is difficult to decide what treatment you prefer in the middle of a crisis.

This information is being provided to you now so that you can make an informed decision if the question of going to the hospital arises.

IF IT IS NOT AN EMERGENCY

If this is not an emergency, the nurse will examine you and your doctor, family, friends or caregiver may be called. *If you have concerns about being sent to the hospital, this is the time to express them.*

IN AN EMERGENCY

In a life threatening situation, the staff may call 911 to take you to the hospital emergency department. They will also call your medical provider (doctor, nurse practitioner, or physician assistant) and family, friends or caregiver you have designated.

REASONS TO PREFER BEING TREATED HERE

Many tests and treatments can be provided in the nursing home:

- Medications and oxygen
- Blood tests and X-rays
- IV (intravenous) fluids in some facilities
- Wound care
- Checking on you and reporting to your medical provider
- Comfort care (pain relief, fluids, bed rest)

You can ask your nurse or medical provider what else can be done for you here.

REASONS TO PREFER BEING TREATED IN THE HOSPITAL

Hospitals can provide more complex tests and treatments including:

- Heart monitoring and body scans
- Intensive care
- Blood transfusion
- Surgery

THERE ARE ALSO RISKS TO GOING TO THE HOSPITAL

Being transported to the hospital can be stressful. You are at greater risk for skin breakdown, exposure to potentially dangerous infections or falling in an unfamiliar place. You are likely to have to explain your concerns to new nurses and doctors. You may feel more comfortable staying here and being cared for by staff who know you.

You can make your preferences known by:

- Talking with your nurses, medical providers, social workers, spiritual advisor, family members or close friends.
- Putting your wishes in writing and telling people where the documents are kept.
- Completing advance directives which are documents that describe what kind of care you want to receive if you are unable to be involved in the decision including:
 - Power of attorney for healthcare
 - Health care proxy (naming someone to make health care decisions for you if you cannot)
 - Living will (specifies your preferences for end of life care)
 - Request for a DNR (do not resuscitate) or DNH (do not hospitalize) order
 - Physician or Medical Orders for Life Sustaining Treatment (POLST/MOLST) or similar form

You can say you don't want certain treatments or that you want all the treatment available if that's your preference.

BEING INVOLVED IN THE DECISION

You have a right to know what is happening to you, how decisions about your care are being made and how you can be involved.



COMFORT CARE, PALLIATIVE CARE, AND HOSPICE CARE AS WELL AS ADVANCE DIRECTIVES

1. What is "comfort care"?

Comfort care or palliative care focuses on easing pain and other symptoms such as nausea, fatigue, depression, constipation or diarrhea, or breathing problems that are the result of your illness or the treatment of your illness. Emotional and spiritual support are also provided.

2. What is the difference between hospice care and palliative care?

Hospice care is intended for those who are in the final months of their life (usually 6 months or less) while palliative care can continue for many months, even years.

3. What happens if I am getting hospice care when I go to the hospital?

If you go to the hospital, you may have to re-qualify for hospice care after returning here. If there's time, hospice should be called before you are transferred to the hospital.

4. If I have advance directives, will my wishes be honored?

To make sure that your wishes are honored, review them with the staff, your family, friends, caregiver and medical provider from time to time.

5. Once I have expressed my wishes in advance directives, can I change my mind?

Yes, you can change your mind and your advance directives at any time either orally or in writing.

Based on the Florida Atlantic University CMP funded Decision Guide "Go to the Hospital or Stay Here?"

Purposed Initiative

Florida Atlantic University's Evidence-based Decision Guide to Reduce Unnecessary Acute Care Transfers

- **Project overview:** The Decision Guide, *Go to the Hospital or Stay Here?* for residents and their families provides information on treatment that can be provided in the nursing home (NH) , risks and benefits of hospitalization vs. treatment in the NH and information about advance care planning. The Guide is intended to prepare residents and their families should an acute change in condition occur or the resident is actively dying.
- **How is this project impactful to the COVID-19 pandemic?**
 - Reduce burden to hospitals for potentially non COVID-19 ED visits/hospitalizations
 - Reduces NH resident exposure to COVID-19
 - Avoids a post-hospital visit quarantine period
 - Residents and their families are informed of treatment that can be safely provided in the NH, the risks and benefits of hospitalization and provide information about advance care planning. Those who have received the Guide will be better prepared to make an informed decision should an acute change in condition occur.



Mental Health Subcommittee

Subcommittee Members

Co-chairs

- Heather Gundersen, Deputy Commissioner for Administrative and Regulatory Services, Tennessee Department of Mental Health and Substance Abuse Services, Email: heather.Gundersen@tn.gov
- Janice Wade, CEO/President, Alzheimer's Tennessee, Email: janice.wade@tnalz.org

Members

- Bob Vero, CEO, Centerstone Tennessee, Email: Bob.Vero@centerstone.org
- Jim Shulman, Executive Director, Tennessee Commission on Aging and Disability, Email: Jim.Shulman@tn.gov
- Julie Clark, Senior Quality Improvement Advisor, Alliant Health Solutions, Email: Julie.Clark@AlliantHealth.org
- Sally Pitt, Director, Office of Patient Care Advocacy, Tennessee Department of Health, Email: Sally.Pitt@tn.gov

Mental Health Subcommittee: Objectives

- (1) To support and promote the mental health of three populations disproportionately impacted by COVID-19: long term care residents, staff, and caregivers;
- (2) To identify and work with stakeholder groups to better understand the unique needs and challenges of these target populations; and
- (3) To identify best practices and opportunities for real-time solutions that improve mental health.

Proposed Initiatives

- (1) Enhance communication and outreach to inform this population about what's happening in COVID-19 response and provide easy access to people in need of support.
- (2) Look for opportunities to improve access to healthcare without moving residents so that quarantines on return to the facility don't further impact their mental health.



Visitation Subcommittee

Subcommittee Members

Co-chairs

- Rebecca Kelly, State Director, AARP, Email: RBKelly@aarp.org
- Amy French, Senior Manager of Programs and Education, Alzheimer's Association, Email: afrench@alz.org

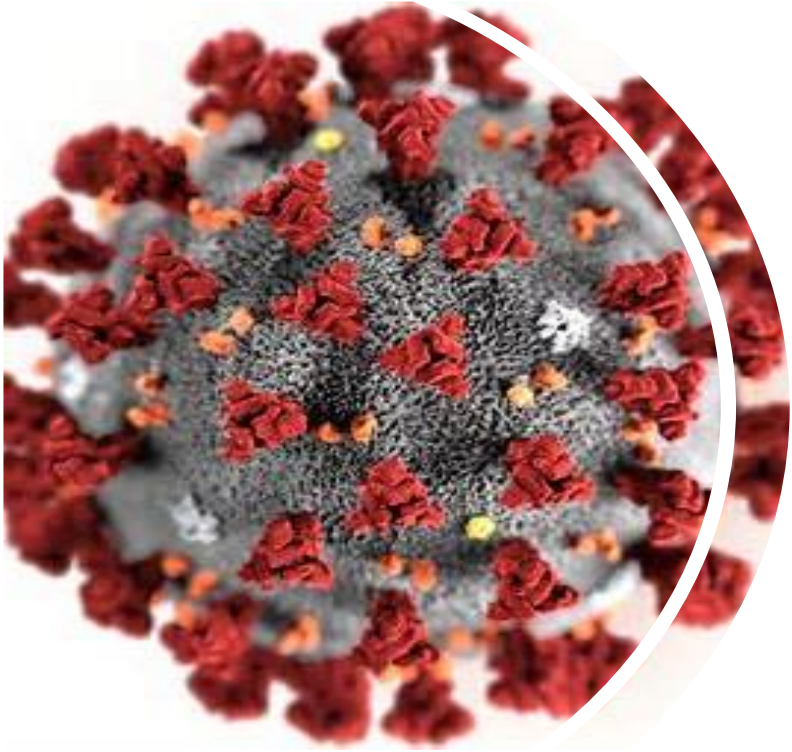
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Wrap-up and Next Steps

New Resources



TN COVID-19 Long Term Care Task Force Website:

<https://www.tn.gov/content/tn/health/health-professionals/hcf-main/health-care-facilities-covid-19-measures-information-page/long-term-care-taskforce.html>

Tennessee Vaccine and Distribution Plan:

<https://covid19.tn.gov/prevention/vaccine/>

Quarantine and Isolation Calculator. Tennessee has released new tool that can help an individual determine the date for isolation and quarantine if exposed or received a positive test result. <https://covid19.tn.gov/prevention/quarantine-isolation-calculator/>

Contact Us

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